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<!DOCTYPE html>
<html lang="en">

<head>
  <title>
    Patient Register
  </title>
</head>

<body>
  <div class="top-content">
    <div class="inner-bg">
      <div class="container">
        <div class="row">
          <div class="col-sm-5">
            <div class="form-box">
              <div class="form-top">
                <div class="form-top-left">
                  <h3>Sign up now</h3>
                  <p>Fill in the form below to get instant access:</p>
                </div>
                <div class="form-top-right">
                  <i class="fa fa-pencil"></i>
                </div>
              </div>
              <div class="form-bottom">
                <form role="form">
                  <div class="form-group">
                    <label class="sr-only" for="form-first-name">Name</label>
                    <br><input type="text" name="fullname" placeholder="Full name..."
class="form-first-name form-control" id="form-first-name">
                  </div>
                  <div class="form-group">
                    <label class="sr-only" for="form-email">Email</label>
                    <br><input type="email" name="email" placeholder="Email..."
class="form-email form-control" id="form-email">
                  </div>
                  <div class="form-group">
                    <label class="sr-only" for="form-password">Password</label>
                    <br><input type="password" name="password"
placeholder="Password..." class="form-password form-control" id="form-password">
                  </div>
                  <div class="form-group">

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        </br><label class="sr-only"
for="form-first-name">Gender</label></br>
        <!-- <input type="text" name="gender" placeholder="Gender(M/F)..."
class="form-first-name form-control" id="form-first-name"> -->
        <select name="gender" style='width:100px'>
        <!--<option selected="selected" class="s">Enter city</option>-->
        <option value="Male">Male</option>
        <option value="Female">Female</option>
        </select>
    </div>
    <div class="form-group">
        <label class="sr-only" for="form-first-name">Blood
Group</label></br>
        <!-- <input type="text" name="blood_group" placeholder="Blood
Group..." class="form-first-name form-control" id="form-first-name"> -->
        <select name="blood_group" style='width:100px'>
        <!--<option selected="selected" class="s">Enter city</option>-->
        <option value="A+">A+</option>
        <option value="A-">A-</option>
        <option value="B+">B+</option>
        <option value="B-">B-</option>
        <option value="AB+">AB+</option>
        <option value="AB-">AB-</option>
        <option value="O+">O+</option>
        <option value="O-">O-</option>
        </select>
    </div>
    </br>
    <div class="form-group">
        <label class="sr-only" for="form-first-name">D.O.B.</label></br>
        <input type="date" name="dob" placeholder="D.O.B."
class="form-first-name form-control" id="form-first-name">
    </div>
    <div class="form-group">
        </br><label class="sr-only" for="form-first-name">Phone
Number</label></br>
        <input type="text" name="phoneno" placeholder="PhoneNo..."
class="form-first-name form-control" id="form-first-name">
    </div>
    <div class="form-group">
        <label class="sr-only" for="form-first-name">Address</label></br>
        <input type="text" name="address" placeholder="Address..."
class="form-first-name form-control" id="form-first-name">

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